Information

Short Stay Surgical Centers

A Statement by the California Medical Association Commission on Health Facilities

AMBULATORY SURGICAL CENTERS are an experimental way of providing surgical care. They should meet the standards of care set for the surgical departments of general hospitals by the Joint Commission on Accreditation of Hospitals and the Medical Staff Survey Committee of the CMA. Before a center is opened, the following criteria should be established by the center, local medical society and health planning council.

1. There shall be an arrangement for hospital transfer and backup including methods of transportation and communication between center and hospital.

2. There shall be a method of screening patients appropriate for the center.

3. Adequate patient records shall be maintained.

4. There shall be a method of checking the credentials of the physicians practicing in the center and standards set for granting privileges to use the center. In no case shall surgical privileges be granted a physician exceeding those granted to him by any of the hospitals in which he has staff privileges, and these should be consistent with the privileges he holds in various community hospitals.

5. There shall be peer review and reporting to local medical society, and there should be a standing Medical Audit Committee of Physicians who regularly review the procedures and privileges of the staff.

6. Cooperating hospitals shall be in *close* proximity to any freestanding surgicenter. Hospitals, in cooperation with comprehensive health planning, shall be encouraged to develop surgicenters as an integral part of their complex where appropriate.

Approved by the Council of the California Medical Association, May 4-5, 1973.

Selected Items from the FDA Drug Bulletin

Postcoital Diethylstilbestrol

IN AGREEMENT WITH ITS extragovernmental physician-advisers, FDA has approved, under restricted conditions, postcoital (contraceptive) use of diethylstilbestrol (DES), a synthetic estrogen. Adequate evidence to support the use of any other estrogen for this purpose is not presently available.

The Agency considers the use of DES for this purpose to be safe only as an emergency measure (in situations such as rape, incest, or where, in the physician's judgment, the patient's physical or mental well-being is in jeopardy) and explicitly warns against its routine or frequent use as a contraceptive.

Physicians are urged, prior to prescribing DES for this purpose, to inform patients (or guardians) fully of the possible side effects of the drug, and of alternative measures available and their hazards, so that the patient may participate in an informed way in the decision to use the drug. Pregnancy should be ruled out by appropriate tests prior to instituting therapy, so that no unnecessary exposure of a fetus to DES occurs.

The efficacy of DES in preventing pregnancy depends upon the time-lapse after coitus and dosage of the drug. The currently recommended dosage is 25 mg twice a day for 5 continuous days beginning, preferably, within 24 hours and not later than 72 hours after exposure. When this dosage is given within the specified time interval after sexual intercourse, DES is highly effective in preventing conception. But the patient must be warned to take the full course of the drug in spite of the nausea which commonly occurs, if it is to be effective.

There is at present no positive evidence that the restricted postcoital use of DES carries a significant carcinogenic risk either to the mother or fetus. However, because existing data support the possibility of delayed appearance of carcinoma in females whose mothers have been given DES later in pregnancy, and because teratogenic and other